

THE ELIMINATE NEGLECTED DISEASES (END) ACT OF 2005

SECTION-BY-SECTION SUMMARY

Sec. 1. Short Title.

The Eliminate Neglected Diseases (END) Act of 2005

Sec. 2. Enhanced Coordination and Strategic Planning.

- Requires the State department to coordinate all efforts by Federal agencies (HHS, USAID, DoD, DoL) to provide assistance to foreign countries for malaria and TB (similar to solution for HIV/AIDS). Funding for these programs still flows through L/HHS and Foreign Ops and others – i.e. no multiple transfers required.
- Requires President to designate a coordinator for malaria and for TB (may be same person, may also be same person as HIV coordinator)
- Requires 5-year strategic plan for at least malaria and tuberculosis activities to be provided to Congress within 6 months. Budget requests must track these strategies. Malaria strategy must be consistent with recommendations from the Malaria Scientific Review Board, barring justification to Congress for divergence.

Sec 3. Malaria programs

- Amends 104C of Foreign Assistance Act (existing malaria authority) with the following reforms:
- Ensures that review panels scoring funding applications have rotating membership.
- Eliminates (for 3 years) barriers to new organizations breaking in to the funding cycle by eliminating the use of “Org History and Experience” as a review criterion. This criterion favors existing grantees in scoring, often by 10-25 percent.
- Requires that funding allocations primarily go toward direct life-saving interventions rather than TA, conferences, consultants, with the following provisions:
 - At least half of all funds to commodity purchase (drugs, diagnostic equipment, pesticides, bed-nets). Of that 50%,
 - At least 55% must go to indoor residual spraying programs (to control mosquitoes)
 - At least 10% must go to medicines (these medicines have to be appropriate given local drug resistance situations)
 - Other 50% should support distribution of commodities, including Global Fund programs. Of this 50%,
 - No more than 10% can go to advice-giving programs
 - No more than 5% can be spent on research (we already know how to control malaria!)
- Shifts oversight for programs involving medical treatment and public health (surveillance, disease reporting, etc), both direct and indirect (advice-giving, technical assistance), to CDC, where core competencies for these activities reside.
- Performance-based funding: all grants/contracts shall be judged on their performance on 2 indicators: reduction in mortality, and reduction in morbidity (plus bed-net programs must achieve certain levels of saturation of bed-nets in the targeted communities). If they fail to perform well on these indicators after a year, they must be revised. If they fail to perform after 3 years, they must be terminated and their eligibility to apply again for funding suspended for 18 months.

- Establishes the Malaria Scientific Review Board, half Federal experts, half outside experts, to provide long-needed scientific oversight to program. Board is involved in strategic planning, assessing failing programs, setting priorities and indicators for programs.

Sec. 4. Tuberculosis programs

- Strengthens existing law (104B of FAA) regarding 75% of budget going to direct medical treatment (currently a “should” – this section changes it to a “shall” and clarifies language around what direct services are included in this 75%). Of this 75%, not less than 25% shall be used to purchase TB medicines.
- Performance-based funding. Requires performance after a year. Failing grants/contracts must be revised. After 2 revisions, failing grants/contracts shall be terminated. Performance measured on the following indicators:
 - Rate at which individuals with TB are diagnosed
 - Number of patients who complete directly observed therapy-short course (DOTS)
 - Percentage of patients who, once started on DOTS, complete DOTS.
 - Percentage of patients tested for HIV co-infection.
 - Percentage of co-infected patients referred to HIV care.
- Shifts oversight for programs involving medical treatment and public health (surveillance, disease reporting, etc), both direct and indirect (advice-giving, technical assistance), to CDC, where core competencies for these activities reside.

Sec. 5 Other Infectious Diseases

- Reauthorizes expired authority under sec 104(c)(3) of FAA.
- Enumerates some targeted diseases to include: leishmaniasis, African trypanosomiasis, Chagas’ disease, shistosomiasis, meningitis group B, acute respiratory infections, infectious diarrhea, lymphatic filariasis, onchocerciasis, trachoma, and intestinal parasites. Allocates 50% of all funds for direct care of patients: immunization, prevention, diagnosis, prophylaxis or medical treatment.
 - Of that 50% spent on direct services, 60% must be spent on commodity purchase (vaccines, medicines, ORT supplements, etc)
- Requires performance-based funding, measuring performance as significant reductions in morbidity and mortality.
- Shifts oversight for programs involving medical treatment and public health (surveillance, disease reporting, etc), both direct and indirect (advice-giving, technical assistance), to CDC, where core competencies for these activities reside.
- Reauthorizes this expired program at such sums.

Section 6. Annual report

Adds to the existing report in PL 108-25 on HIV/AIDS, malaria and TB a few items: increase in number of people treated/cured, number of people treated with the latest combination therapy, number of households that were sprayed with insecticide, and progress in reducing morbidity/mortality from malaria.

Sec. 7 Transparency

Creates a searchable web site that is at least as good or better than the Global Fund's. Publishes all grants and contracts for international infectious disease programs funded by any agency.

Sec. 8 HHS Asst Secretary for Global Health

Elevates current Director for the Office for Global Health at HHS to Assistant Secretary level, so as to better coordinate ever-expanding international activities of HHS.

Sec. 9 Limitation on Countries that Impose Import Tariffs

Within 2 years of enactment, forbids donations of medicines and medical devices, prevention tools to countries that impose taxes and tariffs on these donated supplies (recent report suggests tariffs on these donated goods are currently over 30%!).

Sec. 10 Construction.

Formally authorizes (currently this language is added each year to appropriations bills) construction and leasing/renovation of facilities to support expanding international activities of HHS, including laboratories, testing facilities, etc (this has become necessary under PEPFAR). All activities authorized by this section are in consultation with the Chief of Mission in the host nation.